



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	95562	Employer's ID Number	38-3252216
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL DIEHL (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cheryl.diehl@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title	
NANCY JENKINS	President	#
KATHY KENDALL	Vice President	#
PATRICK HAYES	Secretary	
DAVE MAZURKIEWICZ	Treasurer	
CHERYL DIEHL	Assistant Treasurer	#
KEVIN TOMPKINS	Chairman	
CAROL SOLOMON	Assistant Secretary	#
KATHLEEN KUDRAY D.O.	Chief Medical Officer	

OTHERS

LAKISHA ATKINS, Enrollee Representative

DIRECTORS OR TRUSTEES

NANCY JENKINS # KEVIN TOMPKINS
PATRICK HAYES DAVE MAZURKIEWICZ

State of Michigan
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
KATHY KENDALL	CAROL SOLOMON	CHERYL DIEHL
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Vice President	Assistant Secretary	Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
day of , 2018

a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals	126,972	99,840	90,835	89,835	89,835	317,647
0299998 Premiums due and unpaid not individually listed				1,512	1,512	
0299999 TOTAL Group				1,512	1,512	
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	126,972	99,840	90,835	91,347	91,347	317,647

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
Maternity Case Rate Receivables	1,583,854	136,176	67,068	267,941		2,055,031
PCP Enhanced Pmt Receivable				361,511	361,511	
PCMH Receivable	2,316					2,316
P2P MAPD Receivable	63					63
MSA Premium Receivable	7,788,891	625,000				8,413,891
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	9,375,123	761,176	67,068	629,453	361,511	10,471,300
0799999 Gross health care receivables	9,375,123	761,176	67,068	629,453	361,511	10,471,300

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables .....	.....	.....	.....	.....	.....	.....
2. Claim overpayment receivables .....	.....	.....	.....	.....	.....	.....
3. Loans and advances to providers .....	.....	.....	.....	.....	.....	.....
4. Capitation arrangement receivables .....	.....	.....	.....	.....	.....	.....
5. Risk sharing receivables .....	.....	.....	.....	.....	.....	.....
6. Other health care receivables	3,267,775	26,033,809	397,462	10,435,350	3,665,237	4,183,645
7. TOTALS (Lines 1 through 6)	3,267,775	26,033,809	397,462	10,435,350	3,665,237	4,183,645

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Barbara Ann Karmanos Cancer Hospita	134,759					134,759
Borgess Medical Center	26,825	12,797				39,622
Bronson Methodist Hospital - Kalama	24,741	191,389				216,130
Comprehensive Pain Specialists PLLC	71,622					71,622
Covenant Medical Center - Hospital	140,934	73,319				214,253
Covenant Medical Center - Rehab Uni	15,698					15,698
DMC Childrens Hospital of Michigan	75,067	75,855				150,922
DMC Detroit Receiving Hospital	54,775	52,851				107,626
DMC Harper-Hutzel Womens Hospital	19,925		28,873			48,798
DMC Huron Valley - Sinai Hospital	11,116					11,116
FMC - Gull Road					16,552	16,552
Genesys Regional Med Ctr	50,628					50,628
Henry Ford Hospital - Detroit	123,344	33,429	19,421			176,193
Henry Ford Wyandotte Hospital		19,294				19,294
Hurley Medical Center	213,526	163,137	48,302	88,431		513,395
Josip Petani MD					11,861	11,861
Lakeland Regional Medical Center St	11,757					11,757
Mary Free Bed Rehabilitation Hospit	41,676					41,676
McLaren Bay Region Hospital	11,253					11,253
McLaren Flint Hospital	192,109	167,723	24,301			384,133
McLaren Greater Lansing Hospital	44,896					44,896
McLaren Lapeer Hospital		25,593				25,593
McLaren Macomb Hospital	13,699					13,699
Memorial Healthcare Center	22,379	14,804				37,184
Oakwood Hospital and Medical Ctr -		33,534				33,534
Sparrow Hospital	76,815	128,108	14,216		14,211	233,350
Spectrum Health Hospitals Blodgett/	445,448	209,588				655,037
St John Hospital and Medical Center	107,819	76,769				184,587
St John Macomb Oakland Hosp - Warre	12,278					12,278
St Joseph Mercy Hospital - Ann Arbo		12,284				12,284
St Joseph Mercy Oakland	33,666	10,734				44,400
St Marys of Michigan - Saginaw	37,012	31,986				68,998
University of Michigan	277,095	832,582	171,214	22,950	59,289	1,363,130
University of Michigan - Rehab Unit	21,980					21,980
William Beaumont Hospital Royal Oak	105,514	23,149				128,663
0199999 Total - Individually Listed Claims Unpaid	2,418,353	2,188,926	306,327	111,381	101,913	5,126,899
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	25,629,163	9,833,606	3,415,325	3,691,747	8,112,055	50,681,895
0499999 Subtotals	28,047,515	12,022,531	3,721,652	3,803,128	8,213,968	55,808,795
0599999 Unreported claims and other claim reserves						28,130,139
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						83,938,934
0899999 Accrued Medical Incentive Pool and Bonus Amounts						2,382,657

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
McLaren Health Advantage	1,167,996	207,998				1,375,994	
McLaren Health Plan Community	607,372	97,791				705,164	
McLaren Health Care Corporation	92,945					92,945	
McLaren Regional Medical Center				19,947	19,947		
McLaren Medical Group	1,153					1,153	
0199999 Total - Individually listed receivables	1,869,466	305,789		19,947	19,947	2,175,255	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	1,869,466	305,789		19,947	19,947	2,175,255	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
McLaren Health Care Corporation	Pension Payable	90,000	90,000	
McLaren Health Care Corporation	Professional Services	2,756,273	2,756,273	
McLaren Medical Group	Professional Services	15,570	15,570	
McLaren Health Plan Community	Professional Services	541,322	541,322	
McLaren Health Advantage	Professional Services	747,865	747,865	
McLaren Homecare Group	Professional Services	1,802	1,802	
0199999 Total - Individually Listed Payables	X X X	4,152,832	4,152,832	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	4,152,832	4,152,832	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	179,188,394	22.551				179,188,394
2.	Intermediaries						
3.	All other providers	6,154,081	0.774				6,154,081
4.	TOTAL Capitation Payments	185,342,475	23.325				185,342,475
Other Payments:							
5.	Fee-for-service	22,136,388	2.786	X X X	X X X		22,136,388
6.	Contractual fee payments	587,122,834	73.889	X X X	X X X	587,122,834	
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	609,259,221	76.675	X X X	X X X	587,122,834	22,136,388
13.	TOTAL (Line 4 plus Line 12)	794,601,696	100.000	X X X	X X X	587,122,834	207,478,862

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,191,346	.....	796,123	.....	395,223	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	1,191,346	.....	796,123	.....	395,223	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95562

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	186,387							416	185,971	
2. First Quarter	190,521							599	189,922	
3. Second Quarter	196,600							618	195,982	
4. Third Quarter	194,892							620	194,272	
5. Current Year	194,899							601	194,298	
6. Current Year Member Months	2,332,168							7,314	2,324,854	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,525,819							4,785	1,521,034	
8. Non-Physician	319,737							1,003	318,734	
9. TOTAL	1,845,556							5,788	1,839,768	
10. Hospital Patient Days Incurred	827,087							1,390	825,697	
11. Number of Inpatient Admissions	85,131							244	84,887	
12. Health Premiums Written (b)	844,912,089	19,884	250,869					7,304,693	837,336,643	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	844,912,089	19,884	250,869					7,304,693	837,336,643	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	794,601,696	(2,917)	577,291					8,320,525	785,706,797	
18. Amount Incurred for Provision of Health Care Services	779,379,405	8,058	(195,284)					8,951,350	770,615,281	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....7,304,693

30 Michigan



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95562

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	186,387							416	185,971	
2. First Quarter	190,521							599	189,922	
3. Second Quarter	196,600							618	195,982	
4. Third Quarter	194,892							620	194,272	
5. Current Year	194,899							601	194,298	
6. Current Year Member Months	2,332,168							7,314	2,324,854	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,525,819							4,785	1,521,034	
8. Non-Physician	319,737							1,003	318,734	
9. TOTAL	1,845,556							5,788	1,839,768	
10. Hospital Patient Days Incurred	827,087							1,390	825,697	
11. Number of Inpatient Admissions	85,131							244	84,887	
12. Health Premiums Written (b)	844,912,089	19,884	250,869					7,304,693	837,336,643	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	844,912,089	19,884	250,869					7,304,693	837,336,643	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	794,601,696	(2,917)	577,291					8,320,525	785,706,797	
18. Amount Incurred for Provision of Health Care Services	779,379,405	8,058	(195,284)					8,951,350	770,615,281	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....7,304,693

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
0699999	Subtotal - Life and Annuity - Affiliates - Non-U.S. - Total .....				.....	.....
0799999	Total - Life and Annuity - Affiliates .....				.....	.....
1199999	Total - Life and Annuity .....				.....	.....
1499999	Subtotal - Accident and Health - Affiliates - U.S. - Total .....				.....	.....
1799999	Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....				.....	.....
1899999	Total - Accident and Health - Affiliates .....				.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835	04-1590940 ...	01/01/2016	PARTNERRE AMER INS CO .....	..... DE	663,886	.....
1999999	Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates				663,886	.....
2199999	Total - Accident and Health - Non-Affiliates				663,886	.....
2299999	Total - Accident and Health				663,886	.....
2399999	Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				663,886	.....
2499999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....				.....	.....
9999999	Total (Sum of 1199999 and 2299999)				663,886	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
0799999 Total - General Account - Authorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/L/I	SLEL	1,705,028	.....	.....	.....	.....	.....	.....
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,705,028	.....	.....	.....	.....	.....	.....
1099999 Total - General Account - Authorized - Non-Affiliates							1,705,028	.....	.....	.....	.....	.....	.....
1199999 Total - General Account Authorized							1,705,028	.....	.....	.....	.....	.....	.....
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
1899999 Total - General Account - Unauthorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
2299999 Total - General Account - Unauthorized .....							.....	.....	.....	.....	.....	.....	.....
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
2999999 Total - General Account - Certified - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
3399999 Total - General Account - Certified .....							.....	.....	.....	.....	.....	.....	.....
3499999 Total - General Account - Authorized, Unauthorized and Certified							1,705,028	.....	.....	.....	.....	.....	.....
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
4099999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
4199999 Total - Separate Accounts - Authorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
4599999 Total - Separate Accounts - Authorized .....							.....	.....	.....	.....	.....	.....	.....
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
5199999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
5299999 Total - Separate Accounts - Unauthorized - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates .....							.....	.....	.....	.....	.....	.....	.....
5699999 Total - Separate Accounts - Unauthorized .....							.....	.....	.....	.....	.....	.....	.....
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total .....							.....	.....	.....	.....	.....	.....	.....
6399999 Total - Separate Accounts - Certified - Affiliates .....							.....	.....	.....	.....	.....	.....	.....
6699999 Total - Separate Accounts - Certified - Non-Affiliates .....							.....	.....	.....	.....	.....	.....	.....
6799999 Total - Separate Accounts - Certified .....							.....	.....	.....	.....	.....	.....	.....
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified .....							.....	.....	.....	.....	.....	.....	.....
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,705,028	.....	.....	.....	.....	.....	.....
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) .....							.....	.....	.....	.....	.....	.....	.....
9999999 Total (Sum of 3499999 and 6899999)							1,705,028	.....	.....	.....	.....	.....	.....

33

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums		1,167	1,726	2,145	1,871
2. Title XVIII-Medicare	13	16	5	17	15
3. Title XIX - Medicaid	1,692	1,497	1,489	821	590
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	664	1,487	1,920	1,887	290
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	186,861,478		186,861,478
2. Accident and health premiums due and unpaid (Line 15)	317,647		317,647
3. Amounts recoverable from reinsurers (Line 16.1)	663,886		663,886
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	12,989,147		12,989,147
6. TOTAL Assets (Line 28)	200,832,158		200,832,158
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	83,938,934		83,938,934
8. Accrued medical incentive pool and bonus payments (Line 2)	2,382,657		2,382,657
9. Premiums received in advance (Line 8)	282,524		282,524
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	13,618,874		13,618,874
15. TOTAL Liabilities (Line 24)	100,222,989		100,222,989
16. TOTAL Capital and Surplus (Line 33)	100,609,169	X X X	100,609,169
17. TOTAL Liabilities, Capital and Surplus (Line 34)	200,832,158		200,832,158
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					N	
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2156534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1420304				Central Michigan Community Hosital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hosital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2643070				Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	45-5567669				McLaren Hospitality House	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41.1		00000	38-2689033				Lapeer Regional Medical Center DBA						McLaren Health Care		
		00000	38-2689603				McLaren Lapeer Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
							McLaren Lapeer Foundation	MI	NIA	Lapeer Regional Medical Center DBA			McLaren Health Care		
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
		00000	38-2777750				McLaren Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2683251				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2467310				Parkview Property Management	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2491659				Willow Enterprises	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care		
													Corporation	N	
		00000	38-3267121				Mid-Michigan Physicians	MI	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care		
													Corporation	N	
		00000	38-3491714				Visiting Nurse Services of Michigan DBA						McLaren Health Care		
							McLaren Homecare Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
		00000	46-3643089				Hospice and Homecare Foundation	MI	NIA	Visiting Nurse Services of Michigan DBA			McLaren Health Care		
										McLaren Homecare Group	Ownership	100.0	Corporation	N	
	4700	McLaren Health Plan	95562	38-3252216			McLaren Health Plan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
	4700	McLaren Health Plan	14217	27-2204037			McLaren Health Plan Community	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care		
													Corporation	N	
	4700	McLaren Health Plan	00000	91-2141720			Health Advantage Inc.	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care		
													Corporation	N	
		00000					McLaren Insurance Company LTD.	CYM	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care	N	
													Corporation		

Asterisk	Explanation
0000001	

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	382397643 ..	MCLAREN HEALTH CARE CORPORATION .....	.....	.....	.....	.....	10,776,226	.....	.....	.....	10,776,226	.....
95562 ..	38-3252216 ..	MCLAREN HLTH PLAN INC .....	.....	.....	.....	.....	5,439,323	.....	.....	.....	5,439,323	.....
.....	38-2383119 ..	MCLAREN REGIONAL MEDICAL CENTER .....	.....	.....	.....	.....	18,966	.....	.....	.....	18,966	.....
.....	91-2141720 ..	HEALTH ADVANTAGE INC. ....	.....	.....	.....	.....	(10,907,238)	.....	.....	.....	(10,907,238)	.....
14217 ..	27-2204037 ..	MCLAREN HLTH PLAN COMM .....	.....	.....	.....	.....	(5,327,277)	.....	.....	.....	(5,327,277)	.....
9999999 Control Totals .....			.....	.....	.....	.....	0	.....	X X X	.....	0	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
 - 2. Will an actuarial opinion be filed by March 1? Yes
 - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
 - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
 - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
 - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
- AUGUST FILING
- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
 - 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
 - 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
 - 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
 - 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
- APRIL FILING
- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
 - 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
- AUGUST FILING
- 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit

9556220173600000 2017 Document Code: 360

Schedule SIS

9556220174200000 2017 Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5

9556220173700000 2017 Document Code: 370

Approval for Relief related to five-year rotation for lead Audit Partner

95562201722400000 2017 Document Code: 224

Approval for Relief related to Require. for Audit Committees

95562201722600000 2017 Document Code: 226

Health Life Supplement

95562201720500000 2017 Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies

95562201737100000 2017 Document Code: 371

Medicare Part D Coverage Supplement

95562201736500000 2017 Document Code: 365

Approval for Relief related to one-year cooling off period for inde. CPA

95562201722500000 2017 Document Code: 225

LTC Supplemental Interrogatories

95562201730600000 2017 Document Code: 306

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



95562201721100000

2017

Document Code: 211

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	145,060		145,060	88,521
1105. SELF INS TRUST FUND CTF	200,474		200,474	174,463
1106. RISK CORRIDOR RECEIVABLE	6,304,669	6,304,669		
1107. ACCOUNTS RECEIVABLE - RISK ADJUSTMENT				9,569
1108. PREPAID DENTAL EXPENSES	75,381	75,381		
1109. PREPAID RENT EXPENSES	38,026	38,026		
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	6,763,610	6,418,075	345,535	272,554
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Repairs	699	2,980	10,471		14,150
2505. Bad Debt Expense	1,551	6,613	23,236		31,400
2506. Professional Development	273	1,164	4,089		5,526
2507. Pension Related Expense	9,687	41,298	145,112		196,097
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	12,210	52,055	182,908		247,173

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1104. OTHER INVESTMENT DEFERRED COMPENSATION			
1105. SELF INS TRUST FUND CTF			
1106. RISK CORRIDOR RECEIVABLE	6,304,669	6,003,810	(300,859)
1107. ACCOUNTS RECEIVABLE - RISK ADJUSTMENT			
1108. PREPAID DENTAL EXPENSES	75,381	67,926	(7,455)
1109. PREPAID RENT EXPENSES	38,026	37,474	(552)
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	6,418,075	6,109,209	(308,866)
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)			

INDEX TO HEALTH
ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH
ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14